

# AFFORDABLE CARE ACT

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## Affordable Care Act

- Congress passed and president signed the law in 2010
- ACA is aiming at providing more affordable quality health care.
- ACA is a part of larger Health Care Reform which is looking to make changes to our extremely costly health care.
  - 50% of Americans live with chronic disease and have no health or insufficient insurance coverage
  - 50 million currently without insurance
- 25 million will have access to coverage with ACA

## ACA and PLWH

- More PLWH will be eligible for public or private health coverage
  - No denial due to pre-existing condition
  - Lifetime limits removed
  - Adults up to age 26 can stay on parents' coverage

3

## Coverage for PLWH

- More employers will be required to offer coverage (small businesses will have to provide coverage to their employees through marketplace)
- Private insurance through marketplace (QHP)
- Medicaid expansion

9/19/2013

## Use of RW Funds

"By statute, RWHAP funds may not be used for any item or service "for which payment has been made or can reasonably be expected to be made" by another payment source.

This means that grantees and sub grantees must assure that they make **reasonable efforts** to secure non-RWHAP funds whenever possible for services to individual clients [...]to extend finite RWHAP grant resources to new clients and/or needed services.

Grantees and their contractors are expected to vigorously pursue enrollment into health care coverage for which their clients may be eligible [...] to extend finite RWHAP grand resources to new clients and/or needed services."

HRSA Policy Clarification Notice #13-03

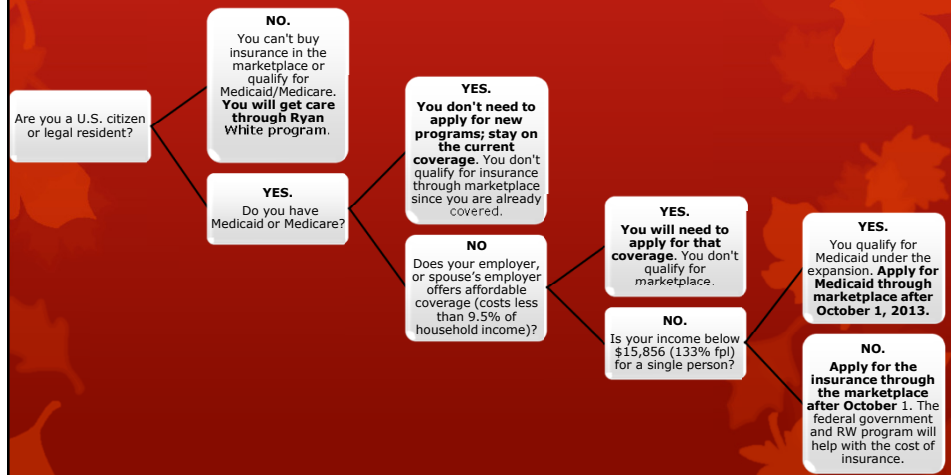
5

## Obtaining Coverage

- Starting in 2014, most people will be required to have health coverage or pay a fee
  - Fee will be paid with the tax return
  - Start with tax returns for 2014
  - RW funds may not under any circumstance cover this fee
- Some may qualify for an exemption from obtaining coverage
  - AI (members of an Indian tribe), members with very low incomes that do not file taxes, those with Hardship exemption,
- Go through Marketplace or IRS to get an exemption

6

## Obtaining Coverage



## Marketplace

- ND will have the standard or the default Federally Facilitated Marketplace (HHS administered)

## Marketplace

- Qualified Health Plans (QHP)
  - Cover Essential Health Benefits
    - EHB: regardless of what plan, and of what level of coverage, every plan will cover these categories
  - QHP will look similar to employee plans

9

## Levels of Coverage

- Bronze 60%
- Silver 70%
- Gold 80%
- Platinum 90%
- QHP Plans must offer at least one silver and one gold coverage plan
- After the plans are available in the marketplace, we will look at what plans are cost-effective for RW clients (cover HIV formulary medication, HIV care, providers and lab work)

10

## Eligibility and Enrollment

- Eligibility Requirements
  - Live in the service area
  - U.S. Citizen or national
  - Non-citizen that is lawfully present in the U.S.
  - Not incarcerated
    - can apply if pending disposition of charge
    - can still apply for Medicaid/CHIP
  - Person doesn't qualify for any other type of coverage (Medicaid, Medicare, private insurance)
- **Initial enrollment: October 1, 2013 – March 31, 2014**
- **Annual Open Enrollment: October 15 – December 7**
- Special Enrollment available for qualifying conditions

11

## Medicaid Enrollment

- If enroll before December 15<sup>th</sup>: coverage begins January 1<sup>st</sup>
- If enroll between 1<sup>st</sup> and 15<sup>th</sup>: coverage begins 1<sup>st</sup> of the following month
- If enroll between 15<sup>th</sup> and 31<sup>st</sup>: coverage begins on the 1<sup>st</sup> of the second following month

12

## Special Enrollment Period

- May enroll or change QHP within 60 days in individual market, or 30 days in SHOP from triggering event
- Loss of minimum essential coverage, gaining or becoming a dependent, gaining lawful presence, enrollment errors of the marketplace

13

## Premium Assistance

- Financial help in form of tax credits (help with premium) and cost-sharing reductions (help with out-of-pocket expenses)

9/19/2013

## Who Qualifies for Premium Assistance?

- Advanced Premium Tax Credit (APTC) Eligibility
  - Must be enrolling in QHP through Marketplace
  - Ineligible for affordable employer-sponsored insurance, government-sponsored coverage, or other minimum essential coverage
  - Based on the end of the year income
  - 100%-400% FPL

15

## Tax Credits

- The amount of Tax Credit depends on:
  - Household income as a FPL
  - Based on the premium for the second lowest cost silver plan QHP (benchmark plan) age adjusted

16



## Tax Credits

- You can get the tax credit reimbursement on the tax return, or in advance
- Amount of tax credit is based on projected household income
  - Reconciled at the tax time
  - Report income changes immediately to avoid overpayment and balance due

17

## Cost Sharing

- Eligibility:
  - Income  $\leq$  250 %
  - Receiving the Premium Tax Credit

18

## Medicaid and CHIP

- ND has expanded the Medicaid program to cover most individuals ages 19-64 with incomes below 133% FPL
- Based only on income criteria; disability diagnosis (AIDS) not needed anymore
- Same application as for QHP if applying through Marketplace
- Clients that qualify for extended Medicaid managed care plan will need to enroll. The RWHAP will continue to cover services not covered or partially covered by Medicaid.
- RWHAP may help clients pay for premiums and/or cost-sharing, based on funds' availability and cost-effectiveness.

19

## Applying for expanded Medicaid

- Apply through:
  - Marketplace
  - State portal (similar to traditional Medicaid portal, currently is being developed)
- 12-month eligibility period
  - Recertification every year on the anniversary of enrollment

20

## Assistance

- Social services
- Navigators
- Toll-Free Call Center 1.800.318.2596
- Case Managers
- Program Staff
  
- HealthCare.gov
  - Marketplace located at (in English)
- CuidadodeSalud.gov
  - Marketplace in Spanish
- Marketplace.cms.gov
  - Mainly for professionals and those assisting with obtaining coverage

21

## Navigators in ND

Coal County Community Health Center  
 1312 Highway 49 North  
 Beulah, N.D. 58523  
 701.873.4445  
<http://www.coalcountrysidehealth.com>

Mary Reyerson  
 701.587.6000  
 Valley Health Community Center  
 104 North Park Street  
 Northwood, N.D. 58267  
<http://mabu-vchc.taopowered.net/?id=1&page=Home>

Northland Community Health Center  
 416 Kundert Street  
 Turtle Lake, N.D. 58575  
 701.448.2054  
 Contact Person: Sadie Wardner  
<http://www.northlandchc.org/>

Family HealthCare Center  
 301 NP Avenue  
 Fargo, N.D. 58102  
<http://www.famhealthcare.org/index.html>

22

## PCIP

- Was designed as a temporary program until Marketplace is operational
  - Will end December 31, 2013
  - Need to apply before December 7<sup>th</sup> to not have break in coverage

23

## The year ahead

- September: Navigators available for contact
- October: Open enrollment starts
- December: To prevent break in coverage enroll in QHP before December 15<sup>th</sup>, and if PCIP December 7<sup>th</sup>
- January 1<sup>st</sup> 2014: Coverage can start
- March: Open enrollment ends
- October 15<sup>th</sup> – December 7<sup>th</sup>: annual enrollment

24

## Outside of Marketplace

- Insurance can be obtained through the employer
- Standard Medicaid coverage can still be obtained in the traditional way
- Other plans will be available outside of the marketplace
  - they will not qualify for federal assistance

25

## ADAP Funds after 01/01/2014

- ADAP funds for those who do not enroll in coverage after 01/01/2014 will still be available, however, all grantees need to keep the concept of 'payer of last resort' in mind, and vigorously pursue enrollment of eligible clients.

26

## Health Insurance and Ryan White

- Medicaid (and other insurance) will cover required medical visits, laboratory monitoring, prescription medication, and hospitalizations
  - Medical services are costly, and cost shifting from paying for these services will free up funds to cover for other supportive services
- RW-funds will cover those services that are categorically not covered or insufficiently covered by health insurance, and are necessary to fully meet the care and treatment needs of PLWH.

27

## 2013 Clients

- Currently there are 144 active clients
- 31 new clients since January (21 since April)
- Most of the new clients are seen in Fargo and Minot area
- 45% of new clients are Black/African American
- 39% are White



28

## 2013 coverage

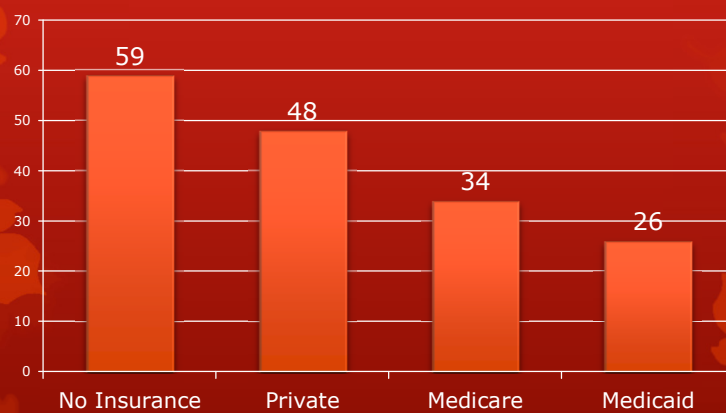
Out of 144 clients

- 59 clients have no insurance (41%)
- 48 have private insurance (34%)
- 28 have Medicaid (18%)
- 34 have Medicare (24%)



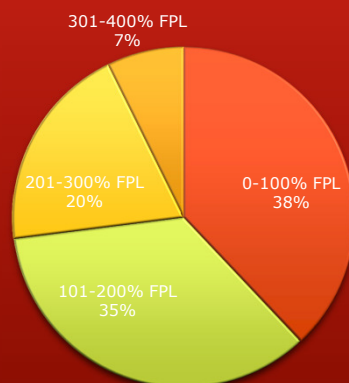
29

## 2013 coverage



30

## 2013 Client Income



31

## How will ACA affect ND RW clients?

- 80 RW clients have income under 133% FPL – will be eligible for Medicaid
- 21 RW clients with income above 133% FPL have no insurance – will need to apply for private insurance through employer if available, or marketplace
- RW program will shift focus from paying for medication to paying for insurance coverage

32



## Do we still need RWHAP?

YES

- **ADAP**
  - Co-pays, insurance premium continuation, treatment continuity during coverage gaps, to cover populations categorically ineligible for coverage
  - "safety-net"
- **Medical Case Management**
  - Care coordination, benefits advocacy, housing services, high-acuity clients (very low income, homeless)
  - Providing enhancement in the services system, access to care in timely manner, linkage to care, staying engaged in care, treatment adherence
- **Linkage, Engagement, and Retention in Care**
  - informed outreach and linkage support, transportation, mental health, substance use treatment, nutrition and food security

33

## Action Steps

- We will start collecting marketplace/Medicaid notice of eligibility determination with annual RWHAP recertification forms
- Marketplace enrollment is from October 15-December 7
  - Reenrollment /Recertification Change: April & October
- Process of pursuing enrollment will need to be documented

34

Questions?

